## MORRIS AREA SCHOOL DISTRICT MORRIS, MN 56267 SCHOOL YEAR 2017-2018

ELEMENTARY FAX 320-589-3920 HIGH SCHOOL FAX 320-589-3203 ST. MARY'S FAX 320-589-1703

## Authorization for Administration of Prescription Medication at School

Medical Condition  Medication  Strength  Dose Time Route Side Effects  All authorizations expire at the end of the school year.)  Medications/Directions:  art Date:  Stop Date:  Stop Date:  Udent is knowledgeable about the medication and how to administer it.  Yes / No Yes	chool:					Grade	
ther Considerations/Directions:  art Date:  Stop Date:  Stop Date:  Stop Date:  (All authorizations expire at the end of the school year.)  sease complete:  udent is knowledgeable about the medication and how to administer it.  Yes / No udent has the skills to safely possess and use the inhaler and/or Epi-pen.  Yes / No The school nurse will also assess the student's ability to self-administer medication.)  int name of Physician / Licensed Prescriber  Signature of Physician / Licensed Prescriber  inic Address  Phone Number  Date  *Prescriber: Please remind parent to get a labeled bottle from the pharmacy for school use.  Parent / Guardian Authorization  I request that the above medication(s) be given during schools hours as ordered by this student's physician / licensed prescriber. I also request the medication(s) be given on field trips as prescribed.  I understand that all medications used in school are to be kept in a secured location by the school nurse with the exception of approved self-administered inhalers and Epi-pens.  I release school personnel from liability in the event adverse reactions result from taking the medication to accompanied by the physician / licensed prescriber order.  I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and action of the medication(s).  I give permission for the school nurse to communicate with the student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition being treated by the medication(s) to be given by designated personnel as delegated by the school nurse.	Medical				Time		Possible
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